Drake Court Healthcare Limited

Drake Court Residential Home

Inspection report

Drake Close
Bloxwich
Walsall
West Midlands
WS3 3LW

Tel: 01922476060

Date of inspection visit:
02 October 2017

Date of publication:
06 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 02 October 2017 and was unannounced. At our last comprehensive inspection completed on 11 and 12 October 2016 we rated the service as 'requires improvement'. The provider was not meeting the regulations around the need for consent and the effective governance and management of the service. We returned on 16 May 2017 to check the provider was now meeting these legal requirements. We found the requirements of the law were now being met although some improvement was still required. At this inspection we found further improvements had been made.

Drake Court Residential Home provides accommodation and personal care for up to 29 people. At the time of our inspection there were 28 older people living at the service, most of whom were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made improvements to quality assurance systems although further work was required to improve record keeping and some audits. Some improvements were required to risk management systems. Medicines administration records indicated creams were not always applied as prescribed. People also told us they felt more staff were required in the service.

People were supported by a staff team who had been reviewed for their suitability to work by the registered manager. We did find some improvements could be made to checks around staff member's prior employment history.

People were supported by a staff team who understood how to protect them from potential abuse or mistreatment. People were supported by a care staff team who had the required skills to care for them effectively. The registered manager was making appropriate decisions in people's best interests when they lacked capacity.

People's nutritional needs were met and they enjoyed the food and drink they received. People's day to day health needs were met.

People were supported by a care staff team who were kind and caring towards them. People enjoyed living at the service and felt valued and important. People were given choices around their care. People's dignity was upheld and independence promoted.

People felt the care they received met their needs and preferences. People were able to access activities and leisure opportunities.

People felt able to complain if required. Where people raised concerns, their views were heard and action taken to make improvements. People felt the service was well-led. People were cared for by a staff team who felt supported in their roles by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People were seen to be supported safely although risk assessments were not always in place. Not all staff were aware of how to manage specific risks to people such as concerns with blood sugar.

People's medicines records indicated they may not be receiving topical creams as prescribed.

People did not always feel there were sufficient numbers of care staff.

People were supported by a staff team who understood how to protect them from abuse.

Is the service effective?

Good

The service was effective

People were supported by a staff team who had the skills to support them effectively.

People's rights were upheld when staff were making decisions in their best interests.

People were supported appropriately to ensure their nutritional needs were met. People's day to day health needs were met.

Is the service caring?

Good

The service was caring

People were supported by a staff team who were kind and caring towards them.

People's privacy and dignity was upheld and their independence was promoted.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People felt the care they received met their needs and preferences.

People's care needs were reviewed regularly.

People were able to access activities and leisure opportunities they enjoyed.

People felt able to raise complaints if required.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Some improvements were required to record keeping and quality assurance systems.

People felt the service was well-led and gave positive feedback about the registered manager.

People were cared for by a staff team who were motivated in their roles and who felt supported by the management team.

Drake Court Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 October 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We looked at information contained in the provider's Provider Information Return (PIR). A PIR is a document the provider completes in advance of an inspection to share information about the service. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with four people who used the service and four relatives. We spoke with the registered manager, the deputy manager and four care staff, one of whom was acting as the cook during the inspection. We also spoke with a visiting healthcare professional. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We looked at four people's care records, records regarding medicines management and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

At the inspection completed in October 2016 we identified some improvements were required around the management of people's medicines. We found the administration of topical creams was not always being recorded and improvements were required around the administration of antipsychotic medicines. We also found risk assessments were not always in place, for example where care staff were required to use equipment to support people to move. At this inspection we found some progress had been made but we found that some further improvement was still required.

People told us they felt protected from the risk of harm such as injury. One person told us, "If I need someone I just approach them and ask for help and when I am in my room I have a buzzer. I don't need to use it much though". Another person told us, "I do feel safe here". A relative also said, "[My family member] is definitely safe here". We saw care staff were supporting people in a safe way during our inspection. We saw equipment such as pressure cushions were available and used to protect people's skin integrity. We also saw care staff were supporting people to move around the service in a safe way; including where the use of equipment was required to help people stand or move. We found the knowledge of some care staff could be improved around the management of risks to people; including risks associated with prior injuries or how to identify concerns with blood sugar levels in people with diabetes. We did see that care staff were led and supported by senior care staff who did have a good understanding of people's needs. We saw accidents and incidents were recorded appropriately. However, risk assessments were not always in place to provide guidance to care staff around how to support people safely. This included where people were supported with equipment to move. Care staff were seen to support people safely although the risks had not been assessed and steps required to mitigate any risks were not recorded.

People we spoke with told us they did not feel there were sufficient numbers of staff in place. One person told us, "There aren't enough staff though, so you can end up waiting a long time for things". Another person said, "There aren't enough staff and as I need two people to help me it often means I have to wait, especially at night…The buzzers can take a long time to be answered". This person told us they sometimes had to go to the toilet in their pad which upset them as staff were not available to provide support. Relatives and staff we spoke to told us they felt there were sufficient numbers of staff to keep people safe although it was noted some improvements could be made. One relative said, "There are few staff but a lot of people to care for and they still manage to come straight away. They work very hard and will always take the time to explain if there is a wait for anything". A staff member said, "We manage". We saw there were sufficient numbers of staff in place to keep people safe from harm, although care staff were very busy and appeared to be stretched at times. We confirmed with the provider and registered manager there were no formal methods in place to assess the staffing levels that were required within the service. We were told that staffing levels would be reviewed following our inspection.

We looked at how the registered manager was ensuring staff members were recruited safely for their roles. We saw a range of pre-employment checks were in place and were completed prior to new employees starting work in the service. These included; identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to review a potential staff member's criminal history to ensure they

are appropriate for employment. We found some further improvement was required by the registered manager when reviewing staff member's previous work history. The registered manager had not always ensured that start and end dates of employment were obtained and any gaps in employment histories accounted for.

People told us they were happy with the support they received with their medicines. One person told us, "I always have my tablets on time and if I need painkillers I just ask and they give me some". Another person said, "My tablets are never missed and to be honest the staff couldn't be better". We saw medicines were stored safely in the service and systems were in place to record medicines given to people on medicines administration records (MAR). We found stock levels of medicines in the service reflected the amounts outlined on people's MAR charts. We also saw where people needed medicines to be given on an 'as required' basis clear instructions were in place for care staff that outlined personalised information relating to the person and their specific medicines. This would help to ensure care staff were able to recognise when people may need these medicines. We did find that where people required topical creams to be applied, there remained issues with the recording of the administration of these medicines. MAR charts we looked at did not always demonstrate people had received these medicines as needed.

People living at the service told us they felt safe and protected from the risk of harm such as abuse. One person told us, "I don't have a single worry living here, I feel safe because I can talk to someone if I have any problems at all". Another person told us, "I am comfortable here and I feel safe and contented". Care staff we spoke with were able to describe signs of potential abuse and how they would report those concerns. We saw the registered manager had reported concerns where required to the local safeguarding authority. This enables plans to be put in place where appropriate to protect people from the risk of further harm. Staff also knew how to whistle-blow if this was ever required. Whistle-blowing is when staff are required to report concerns outside of the service to organisations such as the local safeguarding authority, the police or CQC.

Good

Is the service effective?

Our findings

At the inspection completed in May 2016 we identified some improvements were required around the application of the Mental Capacity Act 2005. We found action was not always being taken in line with the Act to protect people from harm and to uphold their rights when they lacked capacity. At this inspection we found improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who had capacity to consent to their care told us care staff always sought their permission before providing support. One person told us, "They ask for my permission before they do anything and always show the utmost respect". Care staff we spoke to understood the basic purpose of the MCA and that it was required to protect people where they may lack capacity. One staff member said, "[It's to] make sure those who don't have capacity still have rights". The staff member understood that conditions such as dementia can cause people's capacity to fluctuate and they knew to question behaviours or decisions that might be considered to be out of character. Another staff member told us how they would enable decision making for someone who lacked capacity wherever possible by using methods such as showing them items, writing things down or using pictures. We saw decisions were being made on behalf of people who lacked capacity; for example, around the administration of their medicines or the use of sensor mats in their bedrooms. We found consideration had been made around the person's history, preferences and risks to them in addition to discussions being held with appropriate representatives before decisions were made in the person's best interests.

People we spoke with told us care staff had the skills needed to support them effectively. One person told us, "The staff are very very good". Another person told us, "The staff seem trained but you can always gain by more training can't you?". Relatives also told us they felt staff had the skills needed. One relative said, "I think the staff are well trained" and another said, "I think [my relative] is looked after very well". Staff told us the training they received was good. One staff member said, "You learn all of the time". Staff told us they were well supported in their roles and received regular one to one meetings with their line manager. One staff member told us how the increased skills within the staff team assisted them in ensuring new staff members were supported effectively. They told us, "Because we're getting more knowledge we can guide new staff". Another staff member told us if they felt they needed more training this was made available to them. They told us, "If you want more training on something they'll [provider] offer it you".

The registered manager was completing observations of staff care practice. We saw where concerns were identified action was taken to either recognise good practice or to make improvements necessary. We found where care staff did require further training in some aspects of care delivery, the registered manager had arranged this. For example; staff were in the process of completing training around stroke awareness.

People told us they enjoyed the food and drink available within the service. One person told us, "The food is good and we always have a choice". Another person told us, "Meals are excellent". A third said, "We have plenty of food and snacks in between [meals]". Relatives supported this view and told us they felt staff were good at ensuring people's individual needs were met. One relative said, "The meals are fabulous and if they aren't eating very well the staff are good at ensuring snacks and smaller meals are given in between the main meal times". Care staff were aware of where information was held regarding people's dietary needs. They were able to describe people's individual requirements and how to support these people. We found choices were made available to people at breakfast and lunchtime. People appeared to enjoy the food they ate. We saw where there were concerns about people's food intake, monitoring records were kept and accurately completed.

People felt they were supported to maintain their day to day health. One person told us, "If you need a doctor they will get one for you". A relative said, "They are brilliant at keeping us informed and if a doctor needs to be called they act on it very quickly". We saw information had been obtained from doctors about the medical history of newly admitted people to the service. Care staff we spoke with knew and understood medical instructions that had been given by healthcare professionals. For example; one senior member of staff was heard reminding one person that their doctor had recommended they reduce their juice intake and drink more water. One healthcare professional we spoke with confirmed they were happy with the support people received from the service in order to maintain their health. We saw that healthcare professionals were consulted where there were concerns about people's health. For example; we saw from daily records that care staff had noticed a person was confused and appeared in pain when passing urine. A doctor was consulted and antibiotics prescribed for a water infection. We also heard care staff consulting with one person's doctor during the inspection due to them not appearing to be well.

Good

Is the service caring?

Our findings

People told us care staff in the service were kind and caring towards them. One person told us, "The staff are caring and always pleasant". Another person told us, "The staff are very friendly and really nice". A third said, "The staff are very dedicated and they are all so nice. We have a lot of fun and have a good laugh". A forth said, "The staff are very good and work hard. They know me as a person and what I like". We observed good interactions between people who lived at the service and staff members. We saw care staff were able to recognise when people were distressed and used effective skills to distract people and assist in easing their distress. We were told that a soft toy was important to one person and saw this person talking to the toy during the inspection. We saw at one point the person was seated in the dining room without the toy. Care staff recognised they did not have the toy present and offered this to them. People told us the environment within the service helped to make them feel relaxed and at ease. One person told us, "It's like a home from home here. You can have a cuppa when you want one and I would recommend it to anyone". Care staff we spoke with demonstrated a good understanding of how to make people feel valued and important. They demonstrated a high level of commitment to people during the inspection. One staff member said, "We do really really care for our residents". They told us this was evidenced by the positive response they received from people which we saw during our inspection.

People's relatives and friends were able to visit without any unnecessary restrictions. One relative said, "We visit every day. You can come at any time at all. She has settled in really quickly and really well and made new friends". Another relative said, "It helps that we can visit at any time and the openness here gives us confidence in the care. We can talk with staff and about her care regularly". We found people were supported to maintain relationships that were important to them. We saw relatives were involved in people's care where desired by people and appropriate.

People told us they were offered choices around the care they received. One person told us, "They [provider] are very free about everything here, you can have a snack when you want, get up and go to bed when you choose to. It can be chaotic in an evening when everyone wants to go to bed but they are pretty well organised". Another person said, "I like to look my best and you can have a bath or shower whenever you want to. I get up and go to bed at the time I choose". We found care staff understood people's preferences and people were offered choices and prompted where appropriate about decisions connected to their day to day care. For example; one person was asked what they would like for breakfast and appeared unsure. We saw care staff reminded them they often had grapefruit and asked if they wished to have some. Care staff we spoke to recognised the importance of giving choices in all aspects of people's care including which body spray they wanted to use.

People told us they were treated with respect by staff. One person told us, "They treat me with respect". We saw care staff respected and upheld people's dignity and independence while providing support. Relatives supported our observations. One relative told us, "They treat the residents with respect and are very patient". Another said, "They encourage her independence and allow her to do as much as possible for herself". Care staff were able to describe how they would uphold dignity and promote independence. We saw that steps were also taken to ensure that people retained control over day to day tasks. For example, we

saw milk and sugar was available to people on tables so they could serve themselves as required. We saw multiple compliments cards had been received into the service that acknowledged 'exceptional' and 'dignified' care. We also saw, through the registered manager's observations, that where issues were identified they were addressed with staff to ensure improvements were made. For example; we saw the registered manager had addressed an issue with care staff not removing a clothes protector after a meal in a timely way.

Good

Is the service responsive?

Our findings

People we spoke with told us they received care that met their needs and preferences. Relatives we spoke with also supported this view. One person told us, "I think I have everything I need here". Most care staff we spoke with had a good knowledge of people. Where care staff may not have a full understanding of people's needs we saw they were led by senior staff who did. We saw care plans contained personalised information about people and their needs. For example, how one person liked to shave, what equipment should be used and the potential issues relating to them completing this task without support. We saw care plans were reviewed regularly. We saw from records that people were consulted as part of these reviews. We also saw that relatives were involved in reviews and where they were not present they were consulted in order to obtain their views.

We saw communication systems were in place to ensure people's needs were known and understood. For example; we found care staff were aware that a newly admitted service user had diabetes and understood this person's individual preferences. A senior member of staff said they were responsible for briefing the care team on new residents as care plans were minimal initially. We saw information such as recent hospital admissions were recorded in staff communication systems. We did find that although people felt fully involved in making decisions about their care they were not always aware of where their wishes were recorded.

Most people told us they were happy with the activities that were available to them. One person told us, "We have a sing song and dancing. I love music and we have singers who come in. We also have a craft teacher and we make things. It's not every day that we do things but we make our own fun here". Another person said, "We do embroidery and have a singer come in as well as an exercise lady. We sit out on the patio too which is nice…I like to go to the shops which we do sometimes when it is possible staff wise". A third person said, "I enjoy the activities and I won the quiz last week". They also said, "I can choose how to spend my day…I can go out if I want to and we do sit in the lovely garden area too". Relatives also told us they felt activities were good. One relative told us, "Last week when I came they were sewing and they have had a singer and dancing and [my relative] was [encouraged to join in]…The room came to life and it was wonderful to see". Some people told us they did get bored at times and would like to go out more. We saw the registered manager had recently identified this through a residents meeting and was reviewing how improvements could be made.

People told us they had not needed to raise a complaint but felt able to if required. One person told us, "I have never needed to complain at all but I know I could talk to anyone or the manager". Another person told us, "I have never needed to complain but I could always speak to [the registered manager] if I had any issues". A relative also told us, "If I ever had cause for complaint, which I haven't I would happily approach the staff or [registered] manager". We saw the registered manager had systems in place to record complaints and provide an appropriate response when required. The registered manager had introduced a complaints book and was recording informal concerns that were reported in order to review and identify any areas for improvement needed within the service.

Requires Improvement

Is the service well-led?

Our findings

At the inspection we completed in May 2016 we found the provider had made some improvements to their governance and quality assurance systems although further improvements were required. At this inspection we found the registered manager had continued to make improvements although further work was still needed.

We found care plans and risk assessments had not been completed for two people who had moved into the service in the six weeks prior to our inspection. We also found one of these people were diabetic and their nutritional needs had not been recorded with the relevant records made available to staff. While we saw care staff were provided the care required to these people in a safe way an accurate record of care needs, risks and steps required to mitigate these risks had not been completed. We found while people were happy with the care they received, people and their relatives were not always aware of their care plan and felt they were not involved in its development. We found the registered manager was following the principles of the Mental Capacity Act 2005 (MCA). However, records of assessments of people's capacity and decisions made in their best interests were not always consistently recorded. For example; we found decisions had been made to use sensor mats for people however no record of the steps taken under the MCA had been recorded. We also identified concerns with the recording of the administration of people's topical creams. These issues had not been identified in medicines audits.

We found that audits and quality assurance systems in other aspects of the service had been developed and improved. The registered manager had taken steps to improve their systems around reviewing care plans, identifying gaps in the skills and knowledge of care staff and reviewing records and complaints within the service. We saw they were identifying actions required following meetings and audits and ensuring action was taken. We saw they were taking steps to improve the environment within the service. Work had been completed on the outside area. During the inspection we saw that new lounge chairs had been delivered that people had been involved in choosing.

People told us they felt the service was well-led. They knew who the registered manager was and felt they were approachable. One person told us, "We see the [registered] manager a lot and we always have a chat. I always feel a part of everything and I love the staff. I want to spend my time with them. They are like family". Another person said, "I could go to the [registered] manager at any time if I had a problem. I think it is well run here". A third said, "[The registered manager] is a very hands-on manager. I am always kept informed". People told us they attended residents meetings and we saw minutes of meetings were held. We saw where people raised concerns these were addressed. For example; people had raised concerns about the hairdresser not arriving when scheduled. As a result people were consulted and a new hairdresser was arranged. We saw the registered manager followed up with people to ensure they were happy with the services of the new hairdresser. Relatives supported the views of people and also told us communication within the service was good. One relative said, "They are particularly good at keeping us informed and I can phone or meet with staff at any time. Nothing needs improving at all. The best thing here is the communication, it is excellent".

Staff told us they were well supported by management and felt motivated in their roles. They told us the registered manager was 'hands on' in their approach and provided support whenever needed. One staff member said, "[The registered manager] will come out and support on the floor if we need her". Another staff member said, "If I had problems I can go always go to [the deputy manager] or [the registered manager]…We have a good little team here". Staff told us they had regular staff meetings and felt able to raise concerns and issues openly if needed. We saw from records that regular staff meetings were held. The registered manager summarised a list of concerns following each meeting along with actions required. For example; we saw staff had raised a concern about a service user going to their room before tea and not eating and this was being addressed.

We found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The registered manager demonstrated a commitment to providing a good standard of care for people living at the service.